

A RESOLUTION to create a special joint committee to study  
Tennessee's present laws and policies relative  
to acute pain management.

WHEREAS, the most common reason for seeking primary care is acute pain and among the millions of injuries suffered annually in the United States, eighty percent (80%) involve acute pain; and

WHEREAS, although there have been vast improvements in pain management techniques in recent years, in 1992 the Agency for Health Care Policy and Research within the United States Department of Health and Human Services recognized the “inadequacy of traditional pain management” when issuing a clinical practice guideline for acute pain management following surgery and trauma; and

WHEREAS, experts acknowledge that conventional postoperative pain treatment - intramuscular injections of opioid “as needed” - do not relieve pain in approximately fifty percent (50%) of patients and that, in children, pain is managed even less well than in adults; and

WHEREAS, traditional attitudes about patients' pain concerns, i.e., that these patients are complainers, must be dispelled, because unrelieved pain contributes to “patient discomfort, longer recovery periods, and greater use of scarce health care resources and may compromise patient outcomes”; and

WHEREAS, unrelieved pain may delay the return of normal stomach and bowel functions, important indicators for hospital discharge; and

WHEREAS, inadequate pain management may cause physiological and psychological sequelae, resulting in increased morbidity, for example, immune system impairment and increased likelihood of pneumonia, postoperative complications, cardiovascular failures, and infectious complications; and

WHEREAS, estimates that twenty-five percent (25%) of all cancer patients are dying without relief of severe pain dramatically demonstrate the need for ethical, aggressive, and effective pain management, including pharmacological treatment, such as opioids and nonsteroidal anti-inflammatory drugs (NSAIDs), and nonpharmacologic strategies, such as transcutaneous electrical nerve stimulation (TENS), biofeedback, relaxation, and massage; and

WHEREAS, state law and policy could play a role in facilitating effective pain management, thereby serving the medical needs of Tennessee's citizens in the safest and most efficacious manner; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE SENATE CONCURRING, That there is hereby created a special joint committee to study Tennessee's present laws and policies relative to acute pain management.

BE IT FURTHER RESOLVED, That the special joint committee shall be composed of three (3) members of the House of Representatives and three (3) members of the Senate, to be appointed by the respective speakers.

BE IT FURTHER RESOLVED, That the special joint committee shall also consist of six (6) citizen members, two (2) shall be physicians who are experts in pain management, one (1) shall be a chiropractor with expertise in pain management, one (1) shall be a pharmacist and two (2) shall be patients or relatives of patients who have some experience in pain management.

BE IT FURTHER RESOLVED, That during the course of its deliberations, the special joint committee shall examine:

(1) current acute and cancer pain management provided by Tennessee's medical schools, health care providers, and acute and cancer pain management clinics;

(2) Tennessee's current laws and public policies relative to acute and cancer pain management;

(3) current Tennessee public planning, including continuing education, in acute pain management;

(4) the pain treatment needs of acute and cancer patients;

(5) the special pain management needs of infants, children, and adolescents;

and

(6) the impact of inadequate pain management on resource utilization and costs.

BE IT FURTHER RESOLVED, That the special joint committee shall also endeavor to determine:

(1) statewide needs relative to inadequate acute and cancer pain management and any appropriate corrective actions;

(2) any law and public policy revisions needed to facilitate the utilization of effective acute and cancer pain management; and

(3) the potential cost avoidance through aggressive acute and cancer pain management.

BE IT FURTHER RESOLVED, That all appropriate agencies of state government shall provide assistance to the special joint committee upon request of the chair.

BE IT FURTHER RESOLVED, That the special joint committee shall be convened by the member with the most years of continuous service in the General Assembly. At its first meeting, the special joint committee shall elect a chair, vice-chair, and any other officers the committee deems necessary.

BE IT FURTHER RESOLVED, That all legislative members of the special joint committee who are duly elected members of the 99th General Assembly shall remain members

of such committee until the committee reports its findings and recommendations to the General Assembly and shall be paid as members of the General Assembly are paid for attending legislative meetings as provided in Tennessee Code Annotated, Section 3-1-106.

BE IT FURTHER RESOLVED, That the special joint committee shall timely report its findings and recommendations, including any proposed legislation, to the Ninety-Ninth General Assembly no later than February 1, 1996, at which time the committee shall cease to exist.